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Bib Data Sheet

CONFIRMATION NO. 2611

|                                    |   |                     |                               |  |
|------------------------------------|---|---------------------|-------------------------------|--|
| <b>SERIAL NUMBER</b><br>09/899,326 | <b>FILING OR 371(c)<br/>DATE</b><br>07/05/2001<br><b>RULE</b> | <b>CLASS</b><br>358 | <b>GROUP ART UNIT</b><br>2625 | <b>ATTORNEY DOCKET<br/>NO.</b><br>82464RLO |
|------------------------------------|---|---------------------|-------------------------------|--|

## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

none

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

none

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

08/22/2001

|  |                                   |                                |                              |                                    |
|--|-----------------------------------|--------------------------------|------------------------------|------------------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | <b>STATE OR<br/>COUNTRY</b><br>NY | <b>SHEETS<br/>DRAWING</b><br>4 | <b>TOTAL<br/>CLAIMS</b><br>5 | <b>INDEPENDENT<br/>CLAIMS</b><br>3 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                                   |                                |                              |                                    |
| Verified and Acknowledged <i>[Signature]</i><br>Examiner's Signature Initials  |                                   |                                |                              |                                    |

## ADDRESS

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## TITLE

Correcting exposure and tone scale of digital images using a plurality of transforms

|                                       |   |  |
|---------------------------------------|---|--|
| <b>FILING FEE<br/>RECEIVED</b><br>710 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
|                                       |   | <input type="checkbox"/> 1.16 Fees ( Filing )                  |
|                                       |   | <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) |
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|                                       |   | <input type="checkbox"/> Other _____                           |
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